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## BIB DATA SHEET

CONFIRMATION NO. 6894

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.	
10/552,951	06/22/2006 RULE	623	4177	81723	
<b>APPLICANTS</b> William F. Ogilvie, Austin, TX; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US04/11995 04/16/2004 which claims benefit of 60/463,802 04/18/2003 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 07/19/2006					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <u>/JOSHUA H LEVINE/</u> Examiner's Signature	<input type="checkbox"/> Met after Allowance JL Initials	<b>STATE OR COUNTRY</b> TX	<b>SHEETS DRAWINGS</b> 2	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> FITCH EVEN TABIN AND FLANNERY 120 SOUTH LA SALLE STREET SUITE 1600 CHICAGO, IL 60603-3406 UNITED STATES					
<b>TITLE</b> Interpositional biarticular disk implant					
<b>FILING FEE RECEIVED</b> 665	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	